

# CITY OF CHELSEA

## Human Resources Department



### An Equal Opportunity/Affirmative Action Employer

#### Employment Application

Date: \_\_\_\_\_

#### Applicant Information

Full Name: \_\_\_\_\_ Location: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If so, when? \_\_\_\_\_

Are you under 18 years of age? YES ☐ NO ☐ Are you available to work : Full Time ☐ Part Time ☐ Temporary ☐

Are you employed now? YES ☐ NO ☐ May we contact your present employer? YES ☐ NO ☐

Have you been convicted of a felony? YES ☐ NO ☐ If yes, explain: \_\_\_\_\_

Have you been convicted of a misdemeanor within the last 5 years other than a first conviction for drunkenness, simple assault, affray, speeding, minor traffic violations, or disturbance of the peace?

(Conviction will not necessarily disqualify applicant from employment.)

YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

#### References

Please list two professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Have you ever been terminated or asked to resign? YES ☐ NO ☐  
If yes, explain. \_\_\_\_\_

What was your attendance record at your prior place of employment? \_\_\_\_\_

### Military History

Are you a Veteran of U.S. Armed Forces? YES ☐ NO ☐ Branch? \_\_\_\_\_

Rank when discharged? \_\_\_\_\_ Discharged Status? \_\_\_\_\_

Service school or special experience? \_\_\_\_\_

Present military status? \_\_\_\_\_

### Disclaimer and Signature

#### READ CAREFULLY BEFORE SIGNING

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADT) and the relevant federal and state laws."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

